

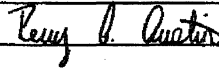
Scanned by CHURCH, DENISE A CCA in facility POLUNSKY (TL) on 06/02/2010 11:48

01-00
MAY 25 2010

160-089/05/10

Dr. Zond,

You sent me back my sickcall requesting that my Prilosec/Omeprazole be renewed saying it was renewed for 30 days with 11 refills. Yet the pill dispensing women say that they can't see it on the sheet in the book that they go by when they fill out the prescriptions every day. They say that my prescription expires June 12, 2010 and that's it, no refills. Even when I showed the sickcall with your signature on it they say that they have to go by what's on that sheet of paper in that big pill binder. Could you please straighten this out? Thank you.



Name: Perry Allen Austin

No: 999410

Unit: Polunsky

Living Quarters: 12CC39 2-Row

Work Assignment:

DISPOSITION: (Inmate will not write in this space)

Omeprazole was renewed on 5/13/10 with 11 refills.

Respectfully
5/13/10

Scanned by MILLER, KELLIE L CCA in facility POLUNSKY (TL) on 05/14/2010 11:43

MAY 13 2010

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

PART A: (To be completed by offender)

Offender's Name: Perry Allen Austin

Date: May 12, 2010

Work Assignment: _____

TDCJ No.: 999410

Work Hours: _____

Wing No.: 12CD53

School Hours: _____

Service needed: ☒ Medical

☐ Dental

☐ Mental Health

☐ Other: _____

Reason for Health Services Appointment: Please renew my Ibuprofen prescription. My back (lower spine) are really hurting and spasming bad. The Salasate does nothing to help at all.

How long have you had this problem?

Hours: _____

Days: 3

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin

Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply:

5-13-2010 Motrin 500 mg tabs

one tab oral twice daily Take as needed. Refills 2

Medical Staff Member's Signature

© HSA-9 (Rev. 5/97)

Alan J Ford Date 5-13-2010 RE: Perry Austin

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Scanned by MILLER, KELLIE L CCA in facility POLUNSKY (TL) on 05/14/2010 12:37

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

MAY 14 2010

PART A: (To be completed by offender)

Offender's Name: Perry Allen Austin

Date: May 13, 2010

Work Assignment: _____

TDCJ No.: 999410

Wing No.: 12CD53

School Hours: _____

Work Hours: _____

Service needed: ☒ Medical

☐ Dental

☐ Mental Health

☐ Other: _____

Reason for Health Services Appointment: Please renew my omeprazole prescription. It's supposed to be expiring pretty soon.

How long have you had this problem?

Hours: _____

Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry B. Austin

Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: _____

Omeprazole 20mg po bid x 30 days - 11 refills
VO Dr. Zond / Chetkins, LW 5/14/10

Medical Staff Member's Signature

Alvin J. Zond

Date

Scanned by COOLEY-JACKSON, SHANNON L CCA in facility POLUNSKY (TL) on 11/19/2009 08:50

SC-010/11/09

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

NOV 16 2009

PART A: (To be completed by offender)

Offender's Name: Perry Allen Austin

Work Assignment: _____

Wing No.: 12CD53

School Hours: _____

Service needed: ☒ Medical

☐ Dental

☐ Mental Health

☐ Other: _____

Reason for Health Services Appointment: Please renew my prescription for Ibuprofen. My back has been hurting more than usual because of the bone spurs. Thank you.

How long have you had this problem?

Hours: _____

Days: _____ Years: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin
Signature of Offender

cc:file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: 11/16/09 CLD

Medical Staff Member's Signature

Date

Scanned by COOLEY-JACKSON, SHANNON L CCA in facility POLUNSKY (TL) on 11/19/2009 08:50

SC-010/11/09

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

NOV 16 2009

PART A: (To be completed by offender)

Offender's Name: Perry Allen Austin

Work Assignment: _____

Wing No.: 12CD53

School Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____

Reason for Health Services Appointment: Please renew my prescription for Ibuprofen. My back has been hurting more than usual because of the bone spurs. Thank you.

How long have you had this problem? Hours: _____ Days: _____ Years: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin
Signature of Offender

cc:file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: 11/16/09 CLD

Medical Staff Member's Signature

Date

Scanned by COOLEY-JACKSON, SHANNON L CCA in facility POLUNSKY (TL) on 11/19/2009 08:50

SC-010/11/09

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

NOV 16 2009

PART A: (To be completed by offender)

Date: November 16, 2009

Offender's Name: Perry Allen Austin

TDCJ No.: 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12CD53

School Hours: _____

Service needed: ☒ Medical

☐ Dental

☐ Mental Health

☐ Other: _____

Reason for Health Services Appointment: Please renew my prescription for Ibuprofen. My back has been hurting more than usual because of the bone spurs. Thank you.

How long have you had this problem?

Hours: _____

Days: _____ Years: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin

Signature of Offender

cc:file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: 11/16/09 CL

Medical Staff Member's Signature

Date

Scanned by COOLEY-JACKSON, SHANNON L CCA in facility POLUNSKY (TL) on 11/19/2009 08:50

SC-010/11/09

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

NOV 16 2009

PART A: (To be completed by offender)

Offender's Name: Perry Allen Austin

Work Assignment: _____

Wing No.: 12CD53

School Hours: _____

Service needed: ☒ Medical

☐ Dental

☐ Mental Health

☐ Other: _____

Reason for Health Services Appointment: Please renew my prescription for Ibuprofen. My back has been hurting more than usual because of the bone spurs. Thank you.

How long have you had this problem?

Hours: _____

Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin
Signature of Offender

cc:file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: _____

11/16/09 CL

Medical Staff Member's Signature

Date

Scanned by COOLEY-JACKSON, SHANNON L CCA in facility POLUNSKY (TL) on 11/19/2009 08:50

SC-010/11/09

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

NOV 16 2009

PART A: (To be completed by offender)

Offender's Name: Perry Allen Austin

Work Assignment: _____

Wing No.: 12CD53

School Hours: _____

Service needed: ☒ Medical

☐ Dental

☐ Mental Health

☐ Other: _____

Reason for Health Services Appointment: Please renew my prescription for Ibuprofen. My back has been hurting more than usual because of the bone spurs. Thank you.

How long have you had this problem?

Hours: _____

Days: _____ Years: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin

Signature of Offender

cc:file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: 11/16/09 CLD

Medical Staff Member's Signature

Date

Scanned by COOLEY-JACKSON, SHANNON L CCA in facility POLUNSKY (TL) on 07/08/2009 15:11

SCI-008/06/09

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST**

JUL 08 2009

PART A: (To be completed by offender)

Date: July 02, 2009

Offender's Name: Perry Allen Austin

TDCJ No.: 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12CD53

School Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____

Reason for Health Services Appointment: Experiencing a bad earache in my left ear.

How long have you had this problem? Hours: _____ Days: 3

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin
Signature of Offender

cc:file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: Nsc-Indraueridin
7/8/09

Medical Staff Member's Signature

Date

Scanned by MILLER, KELLIE L RDA in facility POLUNSKY (formerly TERRELL) on 06/08/2009 06:20

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

SC-007/05/09

MAY 31 2009

PART A: (To be completed by offender)

Date: May 29, 2009

Offender's Name: Perry Allen Austin

TDCJ No. : 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12BC35

School Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____

Reason for Health Services Appointment: I need my prilosec scrip renewed, medication for my bone spurs in my back, and problems with my knees and legs. This is my second request. Last req. 05/22/09

How long have you had this problem? Hours : _____ Days : _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin

Signature of Offender

cc:file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: Chart review. Imepiprile is current. No med for bone spurs on med profile.

[Signature]

Medical Staff Member's Signature

Date

Scanned by SWAIM, KATHY L CCA in facility POLUNSKY (formerly TERRELL) on 04/17/2009 10:53

SC-001/04/09

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

PART A: (To be completed by offender)

Date: 04-16-09

APR 17 2009

Offender's Name: Perry Allen Austin

TDCJ No. 999410

Work Assignment:

Work Hours:

Wing No. 128C35

School Hours:

Service needed: ☐ Medical

☐ Dental

☐ Mental Health

☒ Other: NAIL CLIPPERS

Reason for Health Services Appointment: I need to clip my toe nails. They're getting very long. They haven't brought the clippers around since March 9, 2009.

How long have you had this problem?

Hours:

Days: 46

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin

Signature of Offender

cc:file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply:

NSC Jamm 4-17-09

Medical Staff Member's Signature

Date

Scanned by SWAIM, KATHY L CCA in facility POLUNSKY (formerly TERRELL) on 12/16/2008 14:55
SUBJECT: State briefly the problem on which you desire assistance.

DEC 11 2008 16:04/12/08

I am attempting to resolve a problem with my medication. I get 20mg. of Prilosec twice a day, once around midnight and once around 12pm noon. At approximately 12am midnight on 12/04/08 I was not given my medication. The nurse said she would check and come back. She never did. On 12/05/08 I was ^{not} given my noon medication. On 12/06/07 I was not given my noon medication until I had complained to Mr. Miller, the male nurse. He said that some had bolor coded it wrong. On 12/07/08 I was again not given my noon medication. This time it was a black female nurse and she just ignored me. I would appreciate it if this problem could be resolved. Thank You.

Perry A. Austin

cc:R. Bourke - Attorney
file

Name: Perry Allen Austin No: 899410 Unit: Polunsky
Living Quarters: 12CB15 Work Assignment: _____

DISPOSITION: (Inmate will not write in this space)

12/11 Complaint ✓ shown you lettered
med. ok

Scanned by SWAIM, KATHY L CCA in facility POLUNSKY (formerly TERRELL) on 12/11/2008 14:45

SC-010/12/08

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

DEC 08 2008

PART A: (To be completed by offender)

Offender's Name: Perry Allen Austin

Date: 12-08-08

Work Assignment: _____

TDCJ No.: 999410

Work Hours: _____

Wing No.: 12CB15

School Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____

Reason for Health Services Appointment: I haven't been getting my noon medication. Mr. Miller says someone has been marking it down (color code) wrong.

How long have you had this problem? Hours: _____ Days: 7

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin

Signature of Offender

cc: file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: The only medication that you have ordered is Oxypropazone and it is ordered 2x day which is am & pm 12-8-08

Medical Staff Member's Signature

Date

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Scanned by CHURCH, DENISE A in facility POLUNSKY (formerly TERRELL) on 11/13/2008 07:18

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST**

SC-010/10/08

PART A: (To be completed by offender)Offender's Name: Perry Allen AustinDate: October 20, 2008TDCJ No.: 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12CB15

School Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____Reason for Health Services Appointment: Could you please renew my Ibuprofen medication for my back problem.. I've got bone spurs. Thank you.

How long have you had this problem? Hours: _____ Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin
Signature of Offender

cc:file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: _____

CR to Renew Ibuprofen exp. 9/21/08
M. Marmann

Medical Staff Member's Signature

Date

OCT 24 2008

Scanned by BOSKEY, PATRICIA S CCA in facility POLUNSKY (formerly TERRELL) on 06/25/2008 13:38

SC-008/06/08

HEALTH SERVICES DIVISION
SICK CALL REQUEST

JUN 25 2008

PART A: (To be completed by offender)

Offender's Name: Perry Allen AustinDate: 06-24/08TDCJ No. 899410

Work Assignment: _____

Work Hours: _____

Wing No. 10CB15

School Hours: _____

Service needed: ☒ Medical☐ Dental☐ Mental Health☐ Other: _____Reason for Health Services Appointment: I complained about the dosage of my Paritidine not being sufficient (SC-007/06 on 06-14/08. Instead of increasing my dosage, my ROP is taken away from me. Dosage the same. Please explain and remedy this problem as the current dosage is still not sufficient.

How long have you had this problem? Hours: _____

Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin
Signature of Offender

cc: R. Boucke - Attorney
file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: _____

PSC Maimarmaw 6/25/08

Medical Staff Member's Signature

Date

Scanned by BOSKEY, PATRICIA S CCA in facility POLUNSKY (formerly TERRELL) on 06/24/2008 09:30

SC-08/06/08

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST**

JUN 22 2008

PART A: (To be completed by offender)

Date: June 18, 2008

Offender's Name: Perry Allen Austin

TDCJ No. 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12CB15

School Hours: _____

Service needed: ☒ Medical

☐ Dental

☐ Mental Health

☐ Other: _____

Reason for Health Services Appointment: I've been experiencing episodes of dizziness and feelings of passing out, breaking out in sweats. I would like to be seen.

How long have you had this problem?

Hours: _____

Days: 9

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin

Signature of Offender

cc:file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: Sch. provider SC appt

King WW

Medical Staff Member's Signature

Date

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Scanned by BOSKEY, PATRICIA S CCA in facility POLUNSKY (formerly TERRELL) on 06/16/2008 13:24

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

SC-007/06/08

JUN 15 2008

PART A: (To be completed by offender)

Date: 06/14/08

Offender's Name: Perry Allen Austin

TDCJ No. 998410

Work Assignment:

Work Hours:

Wing No.: 12CB15

School Hours:

Service needed: ☒ Medical☐ Dental☐ Mental Health☐ Other:

Reason for Health Services Appointment: The current dosage of Ranitidine is not adequate. I am having to sometimes take three to four pills a day. I'm running out of pills too early.

How long have you had this problem?

Hours:

Days:

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.



Signature of Offender

cc:file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply:

6/15/08 Sch HSC education on medication -
Meyers JS

Medical Staff Member's Signature

Date

Scanned by BOSKEY, PATRICIA S CCA in facility POLUNSKY (formerly TERRELL) on 04/22/2008 11:50

SUBJECT: State briefly the problem on which you desire assistance.

RECEIVED

I60-016/04/08

APR 20 2008

I sent in a sickcall request on April 09, 2008 requesting that my Ranitidine prescription be renewed or I be prescribed something else for my acid reflux. My current prescription runs out April 19, 2008. I have an extreme case of acid reflux and the current medication barely works but it's better than nothing at all. I need this medication. Please let me know if it has been renewed and if it hasn't, the reason why. I have had chronic stomach problems for many many years and this would be evident if you would get my medical records from my old TDCJ number (#292744). I am looking forward to hearing something from you soon. Thank you.

Perry A. Austin

cc:file

Name: Perry Allen Austin

No: 999410

Unit: Polunsky

Living Quarters: 12CB15

Work Assignment: _____

DISPOSITION: (Inmate will not write in this space)

*Response: Your medication has been ordered.
J. M. Munnick 4/20/08*

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Scanned by HUMBIRD, DELLA D in facility POLUNSKY (formerly TERRELL) on 04/18/2008 12:48

160-016/04

SUBJECT: State briefly the problem on which you desire assistance.

RECEIVED

I sent in a sickcall request on April 09, 2008 requesting that my ~~acid reflux~~ prescription renewed or I be prescribed something else for my acid reflux. My current prescription runs out April 19, 2008. I have an extreme case of acid reflux and the current medication bar works but it's better than nothing at all. I need this medication. Please let me know if has been renewed and if it hasn't the reason why. I've had chronic stomach problems for many years and this would be evident if you would get my medical records from my old TDC number (#292744). I am looking forward to hearing something from you soon. Thank you.

Perry A. Austin

Name: Perry Allen Austin No: 999410 Unit: Polunsky
Living Quarters: 12CB15 Work Assignment: _____

DISPOSITION: (Inmate will not write in this space)

*Med reviewed
2pm*

*Chart Review
N. Williams RN
4/18/08*

I-60 (Rev. 11-90)

Scanned by BARNES, EVA L CCA in facility POLUNSKY (formerly TERRELL) on 03/10/2008 09:11

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

RECEIVED

SC-002/0

MAR 07 2008

800

PART A: (To be completed by offender)

Offender's Name: Berry Allen Austin

Date: March 05, 2008

TDCJ No.: 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12CB15

School Hours: _____

Service needed: ☒ Medical

☐ Dental

☐ Mental Health

☐ Other: _____

Reason for Health Services Appointment: I would like to have my Ibuprofen prescription renewed for my back. I've got bone spurs.

How long have you had this problem?

Hours: _____

Days: Many

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Berry A. Austin

Signature of Offender

cc: file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: Schedule provider sick call - [Signature]

Medical Staff Member's Signature

HSA - 9 (Rev. 5/97)

Chart Review [Signature]
N. Williams RN
2/7/08

Date

Scanned by BARNES, EVA L CCA in facility POLUNSKY (formerly TERRELL) on 01/25/2008 10:19

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

JAN 2

PART A: (To be completed by offender)

Offender's Name: Perry Allen Austin Date: 22, January 2008

Work Assignment: _____ TDCJ No.: 999416

Wing No.: 12CB15 School Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____

Reason for Health Services Appointment: I need my Rantidine renewed.

How long have you had this problem? Hours: _____ Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry B. Austin
Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: Order current - see attached med pass
A. Ruffman L.

Medical Staff Member's Signature

Date

Scanned by BARNES, EVA L CCA in facility POLUNSKY (formerly TERRELL) on 01/23/2008 07:02

SUBJECT: State briefly the problem on which you desire assistance

I need my Ranitidine prescription renewed. I was informed that it had expired
01-05-08. Thank you.

Perry A. Austin

Name: Perry Allen Austin

No: 999410

Unit: Polunsky

Living Quarters: 12CB15

Work Assignment:

cc:file

DISPOSITION: (Inmate will not write in this space)

*Ranitidine refilled
Dr. Williamsen
1/19/08*

Scanned by BARNES, EVA L CCA in facility POLUNSKY (formerly TERRELL) on 01/23/2008 07:02

JAN 19 2008

SUBJECT: State briefly the problem on which you desire assistance.

I60-005/01/0

This is a sickcall request: Could you please renew my Ranitidine prescription. My current prescription has ran out. I have enough extra left over to last another five days.

I am resorting to sending this sickcall request directly to you because there has not been a sickcall nurse through here in over three weeks that I know of for sure. Some of the other guys say it has been almost two weeks. I tried to give it to the pill nurse but she wouldn't stop. I would appreciate it if you could process this as soon as you can. My acid reflux is very bad. Thank you.

Perry A. Austin

cc:file

Name: Perry Allen Austin No: 999410 Unit: Polunsky
Living Quarters: 12CB15 Work Assignment: _____

DISPOSITION: (Inmate will not write in this space)

Scanned by BARNES, EVA L CCA in facility POLUNSKY (formerly TERRELL) on 01/16/2008 14:00

I60-003/0

SUBJECT: State briefly the problem on which you desire assistance.

JAN 16

Ms. Overbeck,

Could you please find out what happened to my pill pack? Ranitidine. was supposed to get one around the 5th of January 2008. That's when the current pill pack runs out. I still have some left over in the current pack because I'm always getting my pill pack late but, it's subject for confiscation if the guards come in here for shakedown. It's expired and always take expired pill packs. Anyway, I would appreciate it if you could see what the problem is and have my pill pack sent to me. Thank you.

Perry A. Austin
cc: _____
Name: Perry Allen Austin No: 699410 Unit: Polunsky
Living Quarters: 12CB15 1 - row Work Assignment: _____

DISPOSITION: (Inmate will not write in this space)

Your order expired 01-05-08

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Scanned by SUTTON, KAREN B in facility POLUNSKY (formerly TERRELL) on 07/16/2007 09:55

SC-007/07

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST**

JUL 13 2007

PART A: (To be completed by offender)Offender's Name: Perry Allen AustinDate: 12, July 2007TDCJ No.: 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12 BC 29

School Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____Reason for Health Services Appointment: I need my Ranitidine prescription renewed.

How long have you had this problem? Hours: _____ Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry D Austin
Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: _____

Ranitidine is current until
1/5/08

Medical Staff Member's Signature

Date

c:\documents and settings\llewing\local settings\temp\85262821.tif printed by mivap. (Page 1 of 1)

SUBJECT: State briefly the problem on which
Scanned by BARNES, EVA L CCA in facility POLUNSKY (formerly TERRELL) on 07/12/2007 13:33

I60-081/07
JUL 12 2007

MS. OVERBECK,

I HAVE BEEN TRYING FOR OVER A WEEK NOW TO GET MY PRESCRIPTION FOR RANITIDINE RENEWED. I'VE SENT IN TWO SICKCALLS WITH NO RESPONSE. I ALSO HAVEN'T SEEN A SICKCALL NURSE COME THROUGH HERE ANNOUNCING SICKCALL FOR THE PAST COUPLE OF DAYS, NOT INCLUDING WEEKENDS. I THEREFOR HAVE TO RESORT TO THIS I60 IN HOPES THAT THEN I'LL GET A RESPONSE. I WOULD APPRECIATE IT IF YOU WOULD RENEW MY RANITIDINE PRESCRIPTION OR PRESCRIBE SOMETHING STRONGER. THANK YOU.

Perry O. Austin

cc: file

Name: PERRY ALLEN AUSTIN No: 999410 Unit: POLUNSKY
Living Quarters: 12BC29 Work Assignment:

DISPOSITION: (Inmate will not write in this space)

*Auto Renewed 7/10/07. Please check with pill nurse.
Mailing you current print pass. dhumkinsca
7/12/07*

Scanned by SUTTON, KAREN B in facility POLUNSKY (formerly TERRELL) on 07/11/2007 07:55

SC-005/07

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST**

JUN 28 2007

PART A: (To be completed by offender)

Date: 06/28/07

Offender's Name: PERRY ALLEN AUSTIN

TDCJ No.: 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12BA14

School Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____

Reason for Health Services Appointment: I NEED TO HAVE MY RANITIDINE PRESCRIPTION RENEWED. I BELIEVE IT'S FIXING TO RUN OUT. I'M HAVING EAR ACHES ALSO.

How long have you had this problem? Hours: _____ Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin
Signature of Offender

cc: file

PART B: (To be completed by medical personnel - Do not write below this line)

Medical Reply: _____

Medical Staff Member's Signature

Date

HSA - 9 (Rev. 5/97)

OK provider 7/6/07 Exp 7/12/07
M. W. [Signature] 6/28/07
1/13/07 Rantian 1500mg 11 PD BIN
1/20 Days 5RE KOP no log PRC

Scanned by BARNES, EVA L CCA in facility POLUNSKY (formerly TERRELL) on 05/11/2007 14:43

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST**

MAY 03 2007

PART A: (To be completed by offender)

Date: MAY 01, 2007

Offender's Name: PERRY ALLEN ALSTINTDCJ No.: 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12BA14

School Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____Reason for Health Services Appointment: MY BACK IS BOIHERING ME AGAIN. I'D LIKE TO GET A RENEWAL ON THE ITHUPROFEN
PRESCRIPTION.How long have you had this problem? Hours: _____ Days: YEARS

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry C. Alstin

Signature of Offender

cc: file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: _____

sup refen 600mg I PO BID x 90 days
NO RE KOT-OSERH. Overback FAP-C

Medical Staff Member's Signature

5/3/07

Date

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

PART A: (To be completed by offender)

Date: 04-20-07

APR 21 2007

Offender's Name: PERRY ALLEN AUSTIN

TDCJ No.: 999410

Work Assignment:

Work Hours:

Wing No. 12BA14

School Hours:

Service needed: ☒ Medical

☐ Dental

☐ Mental Health

☐ Other:

Reason for Health Services Appointment: MY BACK IS HURTING REAL BAD AGAIN. I'D LIKE TO GET BACK
ON THE IBUPROFEN.

How long have you had this problem?

Hours:

Days: 7

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin

Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply:

4-23-07

PSC - mth

Medical Staff Member's Signature

Date

Scanned by HUMBIRD, DELLA D in facility POLUNSKY (formerly TERRELL) on 11/28/2006 14:55

SUBJECT: *State briefly the problem on which you desire assistance.*

I60-049/06

MS. OVERBECK,

PLEASE REMOVE MY NAME FROM THE WAITING LIST TO GO TO ESTELLE UNIT FOR MY EYE CHECK-UP.

I NO LONGER WISH TO GO. THANK YOU.

Perry A. Austin

Name: PERRY ALLEN AUSTIN

No: 999410

Unit: POLUNSKY

Living Quarters: 12BA14 2 ROW

Work Assignment: _____

DISPOSITION: (Inmate will not write in this space)

*NSC + D sign refused
H. AUSTIN / MEN FNA-C
11/28/06*

Scanned by HUMBIRD, DELLA D in facility POLUNSKY (formerly TERRELL) on 11/07/2006 11:21

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

SC-004/06

HEALTH SERVICES DIVISION

SICK CALL REQUEST

RECEIVED

PART A: (To be completed by offender)

Date: 11/05/06

Offender's Name: PERRY ALLEN AUSTIN

TDCJ No. 999410

NOV 07 2006

Work Assignment:

Work Hours:

Wing No.: 12BA14

School Hours:

Service needed: ☒ Medical

☐ Dental

☐ Mental Health

☐ Other:

Reason for Health Services Appointment: I NEED SOMETHING FOR MY EYES. THEY ARE ALWAYS HURTING,

THROBBING, FEELS LIKE GRIT ALWAYS IN THEM.

How long have you had this problem?

Hours:

Days:

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry C. Aust
Signature of Offender

cc: file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply:

[Signature]
Medical Staff Member's Signature

11-7-06
Date

Scanned by DUNN, ALMA J in facility POLUNSKY (formerly TERRELL) on 08/10/2006 13:45

SC-004/06

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

RECEIVED

AUG 10 2006

PART A: (To be completed by offender)

Date: 080906

Offender's Name: PERRY ALLEN AUSTIN

TDCJ No.: 999410

Work Assignment:

Work Hours:

Wing No.: 12EB20

School Hours:

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other:

Reason for Health Services Appointment: HEADACHES, EYES GAS, - SOMETHING IS WRONG WITH MY EYES.

How long have you had this problem? Hours: Days: 15 - 20

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin

Signature of Offender

cc: file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply:

PSC

[Signature]

8-10-06

Medical Staff Member's Signature

Date

Scanned by DUNN, ALMA J in facility POLUNSKY (formerly TERRELL) on 08/07/2006 10:14

SC-003/06

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

RECEIVED

AUG 06 2006

PART A: (To be completed by offender)

Date: 07-31-06

Offender's Name: PERRY ALLEN AUSTIN

TDCJ No.: 999410

Work Assignment:

Work Hours:

Wing No.: 12EB20

School Hours:

Service needed: ☒ Medical

☐ Dental

☐ Mental Health

☐ Other:

Reason for Health Services Appointment: HAVING VIOLENT REACTIONS TO GAS/PEPPER SPRAY; KEEP GETTING TERRIBLE MIGRAINES; NEED OTHER PILL PACK/RAMITIDINE

How long have you had this problem?

Hours:

Days:

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin

Signature of Offender

cc: file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply:

PSC

Medical Staff Member:

8-7-06

Date

Scanned by DUNN, ALMA J in facility POLUNSKY (formerly TERRELL) on 07/14/2006 10:30

SC-002/06

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

PART A: (To be completed by offender)

Offender's Name: PERRY ALLEN AUSTIN

Work Assignment: _____

Wing No.: 12CC30

School Hours: _____

Service needed: ☒ Medical

☐ Dental

☐ Mental Health

☐ Other: _____

Reason for Health Services Appointment: I need my Ranitidine prescription renewed, or changed to something better.

How long have you had this problem?

Hours: _____

Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin

Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: _____

[Signature]
Medical Staff Member's Signature

7/14/06
Date

Scanned by DUNN, ALMA J in facility POLUNSKY (formerly TERRELL) on 06/14/2006 11:40

SUBJECT: State briefly the problem on which you desire assistance.

I60-030/06

Sir,

I AM HAVING PROBLEMS OBTAINING MY HOP MEDICATION. I HAVE ACID REFLUX VERY BAD AND AM ON RANITIDINE. I GET A NEW PILL PACK EVERY MONTH. I'M SUPPOSED TO ANYWAY. MY PILL PACK EXPIRED ON 05-23-06. IT IS NOW 05-25-06 AND I HAVE STILL NOT RECEIVED MY NEW PILL PACK. LAST MONTH I HAD TO PUT IN A SICKCALL AND THE COMPUTER HAD SHOWN I HAD ALREADY RECEIVED IT WHEN I HADN'T. AFTER SEARCHING MY CELL AND NOT FINDING ANYTHING THEY LOOKED WHEREVER IT IS THEY KEEP THEM AND FOUND MY PILL PACK. THE VERY PILL PACK THE PILL NURSE HAD LOGGED AS ALREADY BEEN GIVEN TO ME. NOW ANOTHER MONTH HAS GONE AND AGAIN, I'M NOT GETTING MY MEDICATION. I WOULD APPRECIATE IT IF YOU COULD DO SOMETHING. THANK YOU.

cc: RICHARD BOWANE - ATTY

Perry A. Austin

File

Name: PERRY ALLEN AUSTIN

No: 999410

Unit: POLUNSKY

Living Quarters: 12CC30 1 - ROW

Work Assignment:

DISPOSITION: (Inmate will not write in this space)

Issued 5/27/06. Provider CEN 7/15/06 for
Ranitidine renewal.

I-60 (Rev. 11-90)

M. D. Little
6/14/06

Scanned by DUNN, ALMA J in facility POLUNSKY (formerly TERRELL) on 04/27/2006 09:35

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

SC - 001/06

RECEIVED

PART A: (To be completed by offender)

Date: 04-26-06 APR 27 2006

Offender's Name: Perry Allen Austin

TDCJ No.: 999410

Work Assignment:

Work Hours:

Wing No.: 12CC30

School Hours:

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other:

Reason for Health Services Appointment: My acid reflux is getting worse to where even the current dosage of Ranitidine is barely helping.

How long have you had this problem? Hours: Days:

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin
Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply:

PSC
N. ONDORC ENRC
Medical Staff Member's Signature

4-27-06
Date

Scanned by DUNN, ALMA J in facility POLUNSKY (formerly TERRELL) on 02/03/2006 11:52

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

SC-001/06

RECEIVED

PART A: (To be completed by offender)

Offender's Name: PERRY ALLEN AUSTIN

Work Assignment: _____

Wing No.: 12-CC-30

School Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____

Reason for Health Services Appointment: I AM EXPERIENCING BLURRED AND DOUBLE VISION, REAL BAD HEADACHES, AND NOSE BLEEDS.

How long have you had this problem? Hours: _____ Days: APPROX. 15

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin

Signature of Offender

cc:file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: JH 020306 PSC

Medical Staff Member's Signature

Date

Scanned by DUNN, ALMA J in facility POLUNSKY (formerly TERRELL) on 08/29/2005 08:04

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

SC-011/05
AUG 28 2005

PART A: (To be completed by offender)

Offender's Name: PERRY ALLEN AUSTIN Date: 08/27/05
Work Assignment: _____ TDCJ No.: 999410
Work Hours: _____

Wing No.: 12CC30 School Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____

Reason for Health Services Appointment: MY BACK IS HURTING REAL BAD AGAIN. THE IBUPROFEN IS NOT
WORKING AT ALL.

How long have you had this problem? Hours: _____ Days: 3

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry E. Austin
(Signature of Offender)

cc: file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: _____
PSC 8/28/05 JAC
Medical Staff Member's Signature Date

Scanned by DUNN, ALMA J in facility POLUNSKY (formerly TERRELL) on 07/26/2005 09:19

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

SC-009/05

JUL 26 2005

PART A: (To be completed by offender)

Date: JULY 25, 2005

Offender's Name: PERRY ALLEN AUSTIN

TDCJ No.: 999410

Work Assignment:

Work Hours:

Wing No.: 12CC30

School Hours:

Service needed: ☒ Medical

☐ Dental

☐ Mental Health

☐ Other:

Reason for Health Services Appointment: I NEED MY MEDICAL PASS FOR MY NEOPHRENE ELBOW SLEEVE RENEWED PLEASE.

How long have you had this problem?

Hours:

Days:

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin

Signature of Offender

cc:file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply

Medical Staff Member's Signature

Date

HSA - 9 (Rev. 5/97)

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TEXAS DEPARTMENT OF CRIMINAL JUSTICE

SC-010/05

HEALTH SERVICES DIVISION

Scanned by DUNN, ALMA J in facility POLUNSKY (formerly TERRELL) on 07/26/2005 09:20

SICK CALL REQUEST

JUL 26 2005

PART A: (To be completed by offender)

Date: JULY 25, 2005

Offender's Name: PERRY ALLEN AUSTIN

TDCJ No. : 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12CC30

School Hours: _____

Service needed: ☒ Medical☐ Dental☐ Mental Health☐ Other: _____

Reason for Health Services Appointment: _____

I NEED MY RANITIDINE PRESCRIPTION RENEWED. I HAVEN'T A NEW PILL PACK

IN OVER A MONTH.

How long have you had this problem?

Hours : _____

Days : _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Signature of Offender

cc: file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: _____

Medical Staff Member's Signature

HSA - 9 (Rev. 5/97)

Scanned by DUNN, ALMA J in facility POLUNSKY (formerly TERRELL) on 05/31/2005 13:15
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION

SC-008/05

MAY 31 2005

SICK CALL REQUEST

PART A: (To be completed by offender)

Offender's Name: PERRY ALLEN AUSTIN

Date: 05-29-05

TDCJ No.: 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12CC30

School Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____

Reason for Health Services Appointment: I WOULD LIKE TO HAVE MY LUNGS CHECKED FOR TB. X-RAYS. I HAD
TESTED POSITIVE FOR IT MANY YEARS AGO.

How long have you had this problem? Hours: _____ Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin

Signature of Offender

cc: file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: _____

MDSC 5-30-05 JAC

Medical Staff Member's Signature

Date

Scanned by HUMBIRD, DELLA D in facility POLUNSKY (formerly TERRELL) on 05/06/2005 12:48

SC-007/05

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST**

PART A: (To be completed by offender)

Date: 05/05/05

MAY 06 2005

Offender's Name: PERRY ALLEN AUSTIN

TDCJ No.: 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12CC30

School Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____

Reason for Health Services Appointment: MY BACK IS MESSED UP AGAIN. IT'S SLIPPED AND THE PAIN IS BAD,
MOVING TO MY RIGHT HIP AND LEG.

How long have you had this problem? Hours: _____ Days: YEARS

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin
Signature of Offender

cc: file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: PSU

Am 5/6/05

Medical Staff Member's Signature

Date

Scanned by HUMBIRD, DELLA D in facility POLUNSKY (formerly TERRELL) on 03/18/2005 07:50

SC-005/05

MAR 17 2005

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

PART A: (To be completed by offender)

Date: MARCH 15, 2005

Offender's Name: PERRY ALLEN AUSTIN

TDCJ No.: 999410

Work Assignment:

Work Hours:

Wing No.: 12CC30

School Hours:

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other:

Reason for Health Services Appointment: SOMETHING SLIPPED IN MY LOWER BACK AGAIN. LOTS OF PAIN.

IBUPROFEN NOR ACETAMINOPHEN HELPS.

How long have you had this problem? Hours: 13½ Days:

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin
Signature of Offender

cc R. BOURKE - ATTY.
file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply:

Medical Staff Member's Signature

Date

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Scanned by VICKERS, SUSAN L in facility POLUNSKY (formerly TERRELL) on 02/28/2005 10:51

SC-004/05

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

FEB 26 2005

PART A: (To be completed by offender)

Date: 02-25-05

Offender's Name: PERRY ALLEN AUSTIN

TDCJ No.: 999410

Work Assignment:

Work Hours:

Wing No.: 12CC30

School Hours:

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other:

Reason for Health Services Appointment: I AM CONTINUING TO EXPERIENCE LOWER BACK PAIN. HAVE STILL NOT RECEIVED MEDICATION FROM DR. ZOND'S VISIT 02-17-05

How long have you had this problem? Hours: Days:

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin
Signature of Offender

cc: R. BOURKE - ATTORNEY
file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: No meds were ordered this visit

Edna L. M.
Medical Staff Member's Signature

2-26-05
Date

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Scanned by HUMBERT, DELLA D in facility POLUNSKY (formerly TERRELL) on 02/02/2005 06:59

SC - 903/05

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST**

FEB 01 2005

PART A: (To be completed by offender)Offender's Name: Perry Allen AustinDate: 2-1-05TDCJ No.: 999410

Work Assignment: _____

Work Hours: _____

Wing No.: _____

School Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____Reason for Health Services Appointment: My back is still messed up. This is my second request.

How long have you had this problem? Hours: _____ Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin
Signature of Offender

cc: file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: _____
PROV SC
2-1-05

Medical Staff Member's Signature

Date

Scanned by VICKERS, SUSAN L in facility POLUNSKY (formerly TERRELL) on 12/20/2004 13:15

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

sc-020
DEC 20 2004

PART A: (To be completed by offender)

Date: 12/20/04

Offender's Name: PERRY ALLEN AUSTIN

TDCJ No. : 999410

Work Assignment:

Work Hours:

Wing No.: 12CC36

School Hours:

Service needed: ☒ Medical

☐ Dental

☐ Mental Health

☐ Other:

Reason for Health Services Appointment: I NEED MY MEDICAL PASS RENEWED FOR MY NEOPHRENE MEDICAL

SLEEVE ELBOW BRACE. THIS IS MY SECOND REQUEST.

How long have you had this problem?

Hours :

Days :

cc:file

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin

Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply:

Medical Staff Member's Signature

Date

Scanned by VICKERS, SUSAN L in facility POLUNSKY (formerly TERRELL) on 12/09/2004 08:56

SC-017

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

PART A: (To be completed by offender)

Offender's Name: PERRY ALLEN AUSTIN

Date: 12-07-04 DEC - 9 2004

TDCJ No.: 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12 BD 43

School Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____

Reason for Health Services Appointment: I need my medical pass renewed for my neoprene elbow sleeve brace. Thank you.

How long have you had this problem? Hours: _____ Days: _____

cc: file

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin

(Signature of Offender)

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: _____

Will consult provider

& bring if he refuses

Medical Staff Member's Signature

Poyner 12904

Date

Scanned by HUMBIRD, DELLA D in facility POLUNSKY (formerly TERRELL) on 12/06/2004 06:42

HEALTH SERVICES DIVISION
SICK CALL REQUEST

PART A: (To be completed by offender)

Offender's Name: PERRY ALLEN AUSTIN

Date: 12-01-04

TDCJ No.: 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 128043

School Hours: _____

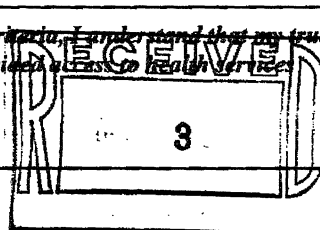
Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____

Reason for Health Services Appointment: I NEED ANOTHER TYLENOL CARD. THANK YOU.

How long have you had this problem? Hours: _____ Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A Austin
Signature of Offender



PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: _____

Medical Staff Member's Signature

Date

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Scanned by VICKERS, SUSAN L in facility POLUNSKY (formerly TERRELL) on 09/13/2004 11:01

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST**

PART A: (To be completed by offender)Offender's Name: PERRY ALLEN AUSTIN

Work Assignment: _____

Wing No.: 12B043

School Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____Reason for Health Services Appointment: Nurse Byron told me to put in this several months ago concerning getting new glasses. She said September.

How long have you had this problem? Hours: _____ Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry O. Austin

Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: _____

Optom is in Oct. if I said
Sept Sorry, anyway Sept won't work
Sept better

Medical Staff Member's Signature

Date

Scanned by VICKERS, SUSAN L in facility POLUNSKY (formerly TERRELL) on 06/24/2004 12:35

SC-0647

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

PART A: (To be completed by offender)

Date: 06-23-04

Offender's Name: Perry Allen Austin

TDCJ No.: 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12 BD 43

School Hours: _____

Service needed: ☒ Medical

☐ Dental

☐ Mental Health

☐ Other: _____

Reason for Health Services Appointment: What's happened to my Ranitidine prescription? Has it ran out? I
haven't gotten anymore. White ones aren't working anyway. cc: file

How long have you had this problem? Hours: _____ Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A Austin
Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: _____

Zantac prescribed but has been
reordered

Medical Staff Member's Signature

Date

Scanned by VICKERS, SUSAN L in facility POLUNSKY (formerly TERRELL) on 06/03/2004 07:04

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

RECEIVED
JUN 02 2004

PART A: (To be completed by offender)

Offender's Name: Perry Allen Austin

Date: 06-01-04

TDCJ No.: 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12 BD 43

School Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____

Reason for Health Services Appointment: May I please get my medical pass renewed for my nephro-
elbow sleeve brace: Thank you. cc:file

How long have you had this problem? Hours: _____ Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin
Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: it is ordered

Medical Staff Member's Signature

[Signature] 6/2/04

Date

Scanned by VICKERS, SUSAN L in facility POLUNSKY (formerly TERRELL) on 06/03/2004 07:04

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

RECEIVED

PART A: (To be completed by offender)

Date: 06-01-04 JUN 02 2004

Offender's Name: Perry Allen Austin

TDCJ No.: 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12 B043

School Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____

Reason for Health Services Appointment: MAY I PLEASE GET MY MEDICAL PASS RENEWED FOR MY NEOPHRENE ELBOW SLEEVE BRACE. THANK YOU.

How long have you had this problem? Hours: _____ Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin
Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: Pass renewed.
Signature 4/2/04
Medical Staff Member's Signature Date

Scanned by VICKERS, SUSAN L in facility POLUNSKY (formerly TERRELL) on 05/13/2004 09:36

SC - 006

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

RECEIVED

PART A: (To be completed by offender)

Date: 05-11-04 MAY 16 2004

Offender's Name: PERRY ALLEN AUSTIN

TDCJ No.: 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 128043

School Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____

Reason for Health Services Appointment: I need my eyes checked for new glasses. The ones I have aren't getting it and give me a headache all of the time. Received them 1998

How long have you had this problem? Hours: _____ Days: _____

cc: file

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A Austin
Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: NSC

Medical Staff Member's Signature

Date

Scanned by WARREN, MELINDA CCA in facility POLUNSKY (formerly TERRELL) on 05/03/2004 10:03

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

MAY 3 2004

PART A: (To be completed by offender)

Date: 05-03-04

Offender's Name: Perry Allen Austin

TDCJ No.: 999410

Work Assignment:

Work Hours:

Wing No.: 12 BD 43

School Hours:

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other:

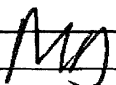
Reason for Health Services Appointment: Stomach problems still, was told to come back and see you

How long have you had this problem? Hours: Days: years cc: file

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin
(Signature of Offender)

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: 

Medical Staff Member's Signature

Date

Scanned by WARREN, MELINDA CCA in facility POLUNSKY (formerly TERRELL) on 03/12/2004 10:23

HEALTH SERVICES DIVISION
SICK CALL REQUEST

PART A: (To be completed by offender)

Offender's Name: Perry Allen Austin

Work Assignment: Unemployed

Wing No.: 12 BD 43

School Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____

Reason for Health Services Appointment: The Ranitidine does not work. Been taking it and Alamo, over a year. Constant, every day burning pain.

How long have you had this problem? Hours: _____ Days: Year

cc: file

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A Austin
Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: _____

MID

Medical Staff Member's Signature

Date

Scanned by HUMBIRD, DELLA D in facility POLUNSKY (formerly TERRELL) on 01/20/2004 14:43

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST**

PART A: (To be completed by offender)

Offender's Name: Perry Allen Austin

Date: 01-20-04

TDCJ No.: 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12 B043

School Hours: _____

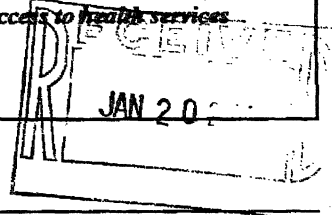
Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____

Reason for Health Services Appointment: Ranitidine doesn't work, never has; commissary hasn't had Alamo in over a month. Also have red dry patch on leg, peeling, psoriasis.

How long have you had this problem? Hours: _____ Days: Over a year

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry O Austin
Signature of Offender



PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: _____

Medical Staff Member's Signature

Date

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Scanned by DUNN, ALMA J in facility POLUNSKY (formerly TERRELL) on 09/30/2003 15:41

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

HEALTH SERVICES DIVISION

SICK CALL REQUEST

PART A: (To be completed by offender)

Offender's Name: Perry, Allen AustinDate: 09-16-03

Work Assignment: _____

TDCJ No.: 999410Wing No.: 12⁸⁰43

School Hours: _____

Work Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____Reason for Health Services Appointment: I need another Tylenol C&D. My other was taken when I was on Death Watch.

How long have you had this problem? Hours: _____ Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin

Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: Issued c Tylenol.[Signature]

Medical Staff Member's Signature

9-28-03

Date

Lab data imported from and Tests Performed by UTMB Laboratories
Galveston, Tx 77555-0743 Telephone Number 800-LAB-2266

Patient Name : AUSTIN, PERRY,
Patient Id : 999410
Patient Phone :
Date of Birth : 06/23/1959
SS# : -- Sex : Male

Ordering
Physician : *YOUNG
Facility : POLUNSKY (formerly TERRELL)
1202 FM 350 SOUTH
LIVINGSTON TX 77351

Test Name	Result	ABN Unit Flag	Reference Range
-----------	--------	------------------	-----------------

Accession: 0000428004057 Requisition: 29247566
Drawn:10/06/04 04:55 Received:10/06/04 22:18 Reported: 11/15/04 13:27

Procedure: MISC FROZE

HEPATITIS C RNA, Qual by PCR PERFORMED AT: ARUP, 500 Chipeta Way, Salt Lake City, Utah 84108.

MISC TEST, FROZEN

TEST NAME	RESULT UNITS	H/L	REFERENCE INTERVAL
-----------	--------------	-----	--------------------

HEPATITIS C RNA, Qual by PCR NEGATIVE

The specimen was NEGATIVE for Hepatitis C Viral RNA.

HCV RNA was not detected. This assay can detect down to 50 IU/mL (100 copies/mL). A negative result does not rule out the presence of PCR inhibitors in the patient specimen or RNA concentrations below the level of detection of the assay. False negatives can be caused by improper specimen handling.

TEST INFORMATION: Hepatitis C RNA, Qual by PCR
Assay methodology is polymerase chain reaction (PCR) using the FDA approved Roche Amplicor HCV Test, version 2.0.

This test is performed pursuant to an agreement with Roche Molecular Systems, Inc.

HEPATITIS C RNA, Qual by PCR PERFORMED AT: ARUP, 500 Chipeta Way, Salt Lake City, Utah 84108.^

L Low, H High, C Critical, * Abnormal Alpha

Print Date: 11/15/2004 13:40

Page: 1/1

This document has been sent for signature, but has not yet been reviewed

DIANE E. JACKSON, FNP

PATIENT: AUSTIN, PERRY A
3872 FM 350 SOUTH
LIVINGSTON, TX 77351
MRN: 999410
User: JACKSON, DIANE E. FNP

HYDRODIURIL 25MG TABS
Sig: 1 x TABS ORAL DAILY
Order Date: 08/13/2011 16:42
Start Date: 08/13/2011 16:42
Auto Stop Date: 09/12/2011 16:42

Disp. #: 30 TABS
Refills: 11 Before: 09/12/2011 16:42

Allow Generic - No product selection indicated
Rx Written On: 08/13/2011

Prescription Electronically Signed
by DIANE E. JACKSON, FNP